

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR DETERMINING THE NUMBER OF AVAILABLE TRANSPORT SEATS IN A COMPUTERIZED RESERVATION SYSTEM
Attorney Docket Number::	0518-1081-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-MICHEL  
Middle Name::  
Family Name:: SAUVAGE  
Name Suffix::  
City of Residence:: NICE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing OFFICE MEDITERRANEEN DE BREVETS  
Address:: D'INVENTION ET DE MARQUES  
CABINET HAUTIER  
24 RUE MASSENA  
City of Mailing Address:: NICE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 06000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DENIS  
Middle Name::  
Family Name:: ARNAUD  
Name Suffix::  
City of Residence:: NICE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing OFFICE MEDITERRANEEN DE BREVETS

Address:: D'INVENTION ET DE MARQUES  
CABINET HAUTIER  
24 RUE MASSENA

City of Mailing Address:: NICE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 06000

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: VALERIE  
Middle Name::  
Family Name:: VIALE  
Name Suffix::  
City of Residence:: NICE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing OFFICE MEDITERRANEEN DE BREVETS  
Address:: D'INVENTION ET DE MARQUES  
CABINET HAUTIER  
24 RUE MASSENA

City of Mailing Address:: NICE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 06000

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
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Number::	
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/50009	6/13/03
PCT/FR03/50009	An application claiming the benefit under 35 USC 119(e)	60/444,674	2/4/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0209250	7/22/02	Yes

**Assignment Information**

Assignee Name:: AMADEUS S.A.S.  
 Street of Mailing 485 ROUTE DU PIN MONTARD  
 Address:: SOPHIA ANTIPOLIS  
 City of Mailing Address:: BIOT  
 State or Province of Mailing Address::  
 Country of Mailing Address:: FRANCE  
 Postal or Zip Code of Mailing Address:: 06410